DEPARTMENT OF MANAGED HEALTH CARE

Pilot Independent Dispute Resolution Process

Instructions

The Department of Managed Health Care (DMHC) has established a six (6) month pilot Independent Dispute Resolution Process (IDRP) to afford non-contracted providers of EMTALA required emergency hospital and physician services a fast, fair and cost effective way to resolve claim payment disputes with health care service plans and their capitated provider groups (collectively referred to as "payers"). The pilot IDRP is voluntary for both non-contracted providers and payers.

In order to submit a claim dispute through the pilot IDRP, **the provider must agree that, except for applicable co-payments and deductibles, it will not invoice, balance bill or otherwise seek to collect from the health plan enrollee (patient) any payment for the subject services.** In order for the payer to participate, it must agree to pay provider the amount found due, if any, by the IDRP, within fifteen (15) days of receiving notice from the DMHC of the IDRP determination.

The provider will be required to submit a complaint form and a copy of the disputed claim(s) and required supporting documentation. The payer will also be required to provide supporting documentation.

A provider may submit an individual claim or multiple claims (up to 50 claims) that are substantially similar in a single filing. A filing fee will be charged based on the number of claims submitted per dispute. If the payer elects not to participate in the pilot IDRP, the providers filing fee will be returned.

The pilot IDRP will utilize a "baseball style" arbitration model. In this process, the provider's original billed amount and the payer's original paid amount will be used to determine which amount better reflects the reasonable and customary value of the services performed. A hospital or institution may elect to submit an alternative amount that is willing to be accepted for the dispute claim(s). If the hospital or institution elects to submit an alternative amount then the payer may also submit an alternative amount that is willing to be paid for the disputed claim(s). These alternative amounts will then be used to determine which amount better reflects the reasonable and customary value of the services performed.

To make that determination, the independent review organization must first consider the applicability of existing regulatory criteria outlined in Section 1300.71 of Title 28, California Code of Regulations. If other criteria are deemed applicable to render that determination, the independent review organization is required to describe any additional criteria used and why the criteria was deemed appropriate.

The provider is encouraged to utilize the payer's internal dispute resolution mechanism prior to submitting a dispute through the pilot IDRP. However, this is not a requirement for providers, other than hospitals. Hospitals are required to utilize the payer's internal dispute resolution mechanism prior to filing and IDRP complaint form.

For providers that utilize the payer's internal dispute resolution mechanism prior to submitting a dispute through the pilot IDRP, an IDRP decision should be rendered within sixty (60) days of receipt of the provider's dispute form and all required/necessary supporting documentation. If the provider chooses **not** to first utilize the payer's internal dispute resolution mechanism, the IDRP process will be more costly and may take up to 120 days to render a determination.

The DMHC has retained Maximus as the pilot independent review organization that will review disputes filed through the pilot IDRP. Neither DMHC nor Maximus will intentionally disclose any IDRP submissions or determinations that are specific to the participants, except to the participants themselves, or as required by law.

Voluntary participation in IDRP does not in and of itself waive any rights or remedies it may have against the **payer**, and that participation in IDRP may not toll any statute of limitations applicable to the exercise of such rights and remedies.

DEPARTMENT OF MANAGED HEALTH CARE
Pilot Independent Dispute Resolution Process
Instructions

Eligible Claims

The following claim disputes can be submitted by non-contracted physicians, hospitals, institutions, and other licensed health care providers:

- Claim disputes for services rendered after January 1, 2006.
- Claim disputes related to payment amounts only – provider dispute payment amount received. Claim disputes exclusively related to late payment are not eligible.
- Disputes that are substantially similar, regarding the same type of service and same payer may be aggregated (up to 50 substantially similar claims per submission).

Ineligible Claims

- Claim disputes that are subject to state/federal court action.
- Claim disputes that are subject to contract terms.
- Late payment disputes.
- Interest payment disputes.
- Medicare claim disputes.
- Medi-Cal claim disputes that are subject to fair hearings.
- Contract claim disputes.
- Other non-state regulated health plans.
- Disputes regarding claims that are not covered benefits.
- Claim disputes not under the Department's jurisdiction.

Fee Schedule

The number of claims submitted for IDRP determines the processing fee. Fees are paid directly to Maximus. Substantially similar claims can be aggregated up to fifty (50) in a single filing. "Substantially similar" claims are those that involve the same or similar services against the same health plan or capitated provider. The following fees are associated with this process and are subject to change without notice:

For claim disputes (other than hospital claims) that have been submitted to the health plan's or capitated provider's internal dispute resolution mechanism:

- 1 individual claim $25.00
- 2 to 10 claims $50.00
- 11 to 25 claims $200.00
- 26 to 50 claims $300.00

For claim disputes (other than hospital claims) that have NOT been submitted to the health plan's or capitated provider's internal dispute resolution mechanism:

- 1 individual claim $50.00
- 2 to 10 claims $100.00
- 11 to 25 claims $400.00
- 26 to 50 claims $600.00

DEPARTMENT OF MANAGED HEALTH CARE
Pilot Independent Dispute Resolution Process
Instructions

For hospital claim disputes:

- 1 individual claim $100.00
- 2 to 10 claims $200.00
- 11 to 25 claims $400.00
- 26 to 50 claims $600.00

Dispute Filing Instructions

1. Complete and submit the Filing Coversheet. (2 pages)

2. Complete and submit the Provider Participation Agreement.

3. Complete and submit the Claim Description Form. (9 pages)

4. Provide all supporting documentation. This information should include:

   - the claim forms submitted to the health plan or their capitated provider;
   - a copy of the explanation of payment issued by the health plan or capitated provider;
   - a copy of all correspondence between the provider and health plan and/or capitated provider regarding the dispute;
   - any medical records submitted to the health plan or capitated provider for claim adjudication;
   - a copy of the written determination from the health plan's or capitated provider's internal dispute resolution mechanism (if applicable); and
   - a narrative justification regarding your disputed claim(s).

5. Send this form with supporting documentation and a check payable to Maximus for your IDRP processing fee within ten (10) working days from the date of receipt to the following address:

   Department of Managed Health Care
   Provider Complaint Unit
   P.O. Box 899
   Sacramento, CA 95812 - 0899

6. If you have any questions regarding this form or the pilot IDRP, please call (877) 525-1295 or email to pcu@dmhc.ca.gov.

DEPARTMENT OF MANAGED HEALTH CARE

Pilot Independent Dispute Resolution Process

Filing Coversheet

Provider Information

Legal Name: _____

Tax ID #: _____

License #: _____

Address: _____

City: _____

State, Zip Code: _____

Contact Person: _____

Contact Address: _____
(If different than above)

Telephone #: _____

Fax #: _____

E-mail Address: _____

DEPARTMENT OF MANAGED HEALTH CARE
Pilot Independent Dispute Resolution Process
Filing Coversheet (Cont'd)

Provider Type

- ☐ Hospital
- ☐ Rural Hospital
- ☐ Other Inpatient Facility
- ☐ Physician/Medical Group
- ☐ DME/Medical Supplier
- ☐ Laboratory/Imaging
- ☐ Other – Specify
- ☐ Dentist
- ☐ Podiatrist
- ☐ Home Health Agency
- ☐ Physical/Occupational/Speech Therapy
- ☐ Transportation
- ☐ Chiropractor

Payer Information

Health Plan Name _____

Capitated Medical Group Name _____

Claim Information

Has the disputed claims been submitted to the payer's internal dispute resolution mechanism?

☐ Yes ☐ No

If yes, is the payer's written determination from the payer's internal dispute resolution mechanism included with this IDRP filing?

☐ Yes ☐ No

Number of claims included _____

Date of service of earliest claim _____

Total amount billed for disputed claim(s): $_____

If hospital or institution, you may choose to submit an alternative amount willing to be accepted for the disputed claim(s).

☐ Yes ☐ No

If yes, please provide the total amount you are willing to accept for disputed claim(s):
$_____

Type of Service:

- ☐ Hospital Inpatient Services
- ☐ Hospital Outpatient Services
- ☐ Professional Services
- ☐ Other – Specify

DEPARTMENT OF MANAGED HEALTH CARE

Pilot Independent Dispute Resolution Process

Provider Participation Agreement

(Print name of submitting provider) _____
through its duly authorized agent signing below, hereby certifies and agrees as follows:

- that the dispute hereby submitted to IDRP is regarding the dollar amount to be paid for a specific instance of health care services rendered by a non-contracted provider;

- that this dispute otherwise meets all of the IDRP dispute eligibility criteria specified by the Department of Managed Health Care;

- **provider agrees that, except for applicable co-payments and deductibles, it will not invoice, balance bill or otherwise seek to collect from the health plan enrollee any payment for the subject services;**

- provider understands that its voluntary participation in IDRP does not in and of itself waive any rights or remedies it may have against the payer, and that participation in IDRP may not toll any statute of limitations applicable to the exercise of such rights and remedies.

Print Name	Signature
Title	Date

DEPARTMENT OF MANAGED HEALTH CARE
Pilot Independent Dispute Resolution Process
Claim Description Form

Set forth your justification regarding the dispute issue (attach additional sheets of paper as necessary):

1. Describe with all appropriate technical detail, the basis for and amount of payment you believe you should have received for these services.

2. Provide specific references and other supporting documentation to support your position. Provide all referenced materials.

3. State your understanding of the basis for the claim calculation and payment made by the health plan. Provide your rebuttal argument against the health plan's calculation, if not stated above.

DEPARTMENT OF MANAGED HEALTH CARE
Pilot Independent Dispute Resolution Process
Claim Description Form

Supporting Documentation being submitted by the Filing Party:

Please check the applicable supporting documentation being submitted:

- ☐ Claim form(s) submitted to health plan or capitated provider
- ☐ A copy of the explanation of payment issued by the health plan or capitated provider
- ☐ A copy of all correspondence between the provider and health plan and/or capitated provider regarding the dispute
- ☐ Any medical records submitted to the health plan or capitated provider for claim adjudication
- ☐ A copy of the written determination from the health plan's or capitated provider's internal dispute resolution mechanism (if applicable)
- ☐ A narrative justification regarding your disputed claim(s)
- ☐ Other – Specify

DEPARTMENT OF MANAGED HEALTH CARE

Pilot Independent Dispute Resolution Process

Claim Description Form

Please complete one line for each claim included for this Claim Description Form

	Claim #	Amount Billed	Amount Paid	Final Offer Amount ***	Date Claim Submitted	Date of Denial	Date Dispute Resolution Process Completed	Date(s) of Service	Type of Service	Patient Last Name
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

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21										
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